

September 1, 2006

**APPLICATION REQUEST**  
**For a Skilled Nursing Facility or Intermediate Care Facility**  
**MANAGEMENT COMPANY**

This letter is to assist you in preparing a “management company” application package to the California Department of Health Services (CDHS) Licensing and Certification (L&C) Program for:

- Initial application package for managing a licensed skilled nursing facility (SNF) or intermediate care facility (ICF).

If a SNF or ICF is proposed to be operated (in whole or part) under a management contract (between the licensee and a management company), the management company is required to file an application package with L&C, pursuant to Sections 1265 and 1267.5(a)(3) of the Health and Safety (H&S) Code. The application package is necessary for a management company, **not previously approved by the L&C Centralized Applications Unit** (CAU), to obtain approval to manage a health facility, currently licensed as a SNF or ICF.

Any changes in the “initial” management company information submitted shall be provided (in writing) to CAU within **30 calendar** days of the change, pursuant to Section 1267.5(a) (5) of the H&S Code.

For your convenience, the **enclosed checklist** has instructions to complete the forms needed for approval of SNF or ICF management company. The **checklist** outlines specific items that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s name must be consistently filled in the same throughout the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.

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Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.** **NOTE:** If a question does not apply, please respond with "Not Applicable" or "N.A.". **Do not make changes to these forms.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files.

The application package review process will consider the management company's owners' and board members' prior compliance history of all facilities operated or managed by those individuals in California and nationally. The management company and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate or manage. Failure to demonstrate substantial compliance historically may result in the denial of your application package. You will be notified in writing of the L&C intent to deny the application.

All completed management company **application packages must be submitted** to the L&C CAU address (overnight **or** regular mail), listed below. Please note that "overnight" mail may actually take longer for the CAU to receive because of our CDHS in-house mail services:

For overnight (FedEx-UPS):  
Department of Health Services  
Licensing and Certification Program  
Centralized Applications Unit  
1615 Capitol Avenue, MS 3402  
Sacramento, CA 95814

For regular mail:  
Department of Health Services  
Licensing and Certification Program  
Centralized Applications Unit  
MS 3402  
P.O. Box 997413  
Sacramento, CA 95899-7413

The CAU will review the management company application package for completion and will retain the "original" application package. If a management company application package is submitted in conjunction with a SNF or ICF "initial" or change of ownership application package, a copy of the management agreement will be sent to the applicable district office with the licensure application package. A list of district offices and appropriate contacts are located on the L&C website at:

<http://www.dhs.ca.gov/lnc/org/default.htm>

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If you have any questions, please contact Lisa Hall, Chief of the CAU, at (916) 552-8630 or by e-mail at [CAU@dhs.ca.gov](mailto:CAU@dhs.ca.gov).

Sincerely,

ORIGINAL to be SIGNED BY:

Anna Ramirez, Chief  
Field Operations Branch—Coastal

Enclosure

# MANAGEMENT COMPANY

## “Provider” Checklist

Form Number	Item Number on Form	Name of Form, Form Number, and Explanation of Specific Requirements and/or Attachments Needed (This checklist only lists specific items numbers that CAU staff has encountered problems, while reviewing an application package.)	Check List
<b>The following forms are for approval of a MANAGEMENT COMPANY for a Skilled Nursing Facility or an Intermediate Care Facility:</b>			
HS 200		<b>Application For Facility License (HS 200)</b>  <b>NOTE:</b> Please read the instructions on the HS 200 form prior to completion of the form.  Also, submit a copy of the Management Agreement.	
HS 215A		<b>Applicant Information (HS 215A)</b> Title 22, Sections 74661(a)(5) & 74665:  <b>NOTE:</b> Please read the instructions on the HS 215A form prior to completion of the form.	
HS 309		<b>Administrative Organization (HS 309)</b> Title 22, Section 74661:	
	Page 1 Item 5	<b>Corporations need to submit:</b> Submit a copy of the Filing Statement from CA Secretary of State Copy of “all” Articles of Incorporation (signed) Copy of By-Laws (signed)	
	Page 2 Middle	<b>California Out-of-State Corporations, LLC, etc.</b> – Submit copy of the Certificate of Qualification from the California Secretary of State.	
	Page 2 Middle	<b>Public Agency</b> -- Submit copy of Resolution. Item 5, under Public Agency, must be completed for profit Corporations & Partnerships.	
	Page 2 Bottom	<b>Partnership</b> – Submit copy of signed Partnership Agreement	
	Page 2 Bottom	<b>If LLC will need to submit:</b> Copy of Filing Statement from the Secretary of State Copy of Articles of Organization (signed) Copy of Operating Agreement (signed) List of Members / Holders / Officers / Managers	